2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003590

FILED Apr 24, 2007 Secretary of State

Entity Name: SUMMERWIND CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8575 GULF BLVD NAVARRE, FL 32566 US **Current Mailing Address: New Mailing Address:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 59-3682286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FELLERS, AL Name: Name: 4045 WHISPERING PINES CT Address: Address: City-St-Zip: SUWANEE, GA 30024 US City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition LIGHT, HAL Name: LIGHT, HAL Name: Address: 17757 FRONT BEACH RD UNIT 2105 Address: 8575 GULF BLVD #802 City-St-Zip: PANAMA CITY BEACH, FL 32413 US City-St-Zip: NAVARRE BEACH, FL 32566 US Title: () Delete Title: () Change () Addition HESTER, JAMES Name: Name: Address: 435 ELLIOTT RD Address: City-St-Zip: MCDONOUGH, GA 30252 US City-St-Zip: (X) Change () Addition Title: DS () Delete Title: DS SMITH, KATHRYN Name: Name: SMITH, KATHRYN 5609 CRAWFORD ST. STE E Address: Address: 201 KENT AVE City-St-Zip: NEW ORLEANS, LA 70123 US City-St-Zip: METAIRIE, LA 70001 US Title: DT () Delete Title: () Change () Addition STEWART, WAYNE Name: Name: 2 BOBBY JONES CT Address: Address: City-St-Zip: ROME, GA 30165 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HIETT, TONY L BROWN, ROBERT Name: Name: Address: 2027 AIRLINE RD Address: 36 PHEASANT DR MCDONOUGH, GA 30252 US MARIETTA, GA 30067 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN SMITH SEC 04/24/2007